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Annual Return/Report of Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Form **5500** Department of the Treasury

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

119,906

а

Internal Revenue Service	Retirement Incom	o Society Act o	f 1074 (EDISA) a	nd sactions 6030	p.c/c/	1210 - 0069
Department of Labor				ie Code (the Code		2005
Pension and Welfare Benefits Administration			ntries in accordations to the Form			This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	ntification Inform	ation				
Part I Annual Report Ide For the calendar plan year 2005 o			01 2005 and	anding December	31 2005	
A This yet we /yen out is	1	illillig validar y	01, 2005, and	-		
for:	a multiemployer plan; a single-employer plar	n (other than a m	ultiple-employer	(3) a multiple (4) a DFE (sp		;
B This return/report is: (1) (2)	the first return/report fi				eturn/report file an year return/r	d for the plan; eport (less than 12
C If the plan is a collectively-barga	ined plan, check here					
D If you filed for an extension of tir	•		ny of the extension	n application		
	nation enter all req		· ·	п арриоалоп 🗀		
1a Name of plan IBM PERSONAL PENSION PLA					Three-digit plan number ((PN) of plan (mo., day, yr.)
				10		mber 01, 1945
2a Plan sponsor's name and addre (Address should include room o		ngle-employer pla	an)	2b		ntification Number (EIN) 3-0871985
INTERNATIONAL BUSINESS N	MACHINES CORPORATE	ION		2c		ephone number 0-796-9876
MD 261 NEW ORCHARD ROAD				2d	Business code	e (see instructions)
ARMONK, NY 10504-						541519
schedules, statements and attachm	sing, and to the best of	04/14/2006	na selici, it is trac		J. CARROLL	
Signature of plan adr	ministrator	Date	Typed or prir	nted name of indivi		plan administrator
			,, ,		0 0	
		04/14/2006		RICHARD (J- CARROLL	
Signature of employer/pla	n sponsor/DFE	Date	Typed or printed		al signing as en s applicable	nployer, plan sponsor
For Paperwork Reduction Act Not 3a Plan administrator's name and a				or Form 5500.	v2.3 3b Administra	Form 5500 (2005) ator's EIN
RICHARD J. CARROLL					1	13-0871985
IBM						ator's telephone number 10-796-9876
NEW ORCHARD ROAD, MD 259)					
ARMONK, NY 10504-						
4 If the name and/or EIN of the plan and the plan number from the last		since the last ret	urn/report filed for	this plan, enter the	e name, EIN	b EIN
a Sponsor's name						c PN
5 Preparer information (optional)	a Name (including firm	n name, if applica	ble) and address			b EIN
						c Telephone no.
6 Total number of participants at th	ne beginning of the plar	n year			6	344,224

 ${\color{blue}7} \quad \text{Number of participants as of the end of the plan year (welfare plans complete only lines {\color{blue}7a, 7b, 7c, and 7d})}$

a Active participants

ase 1:07-cv-06 c Other retired or separated	cipants receiving benefits 984-JSR Docume I participants entitled to future benefi	nt 15-12	Filed 09/20/2007	Pag	ge 2 ³⁰ 0f ⁴⁴² 4
d Subtotal. Add lines 7a, 7	b, and 7c			d	325,366
e Deceased participants wh	ose beneficiaries are receiving or ar	e entitled to receive	e benefits	е	15,987
f Total. Add lines 7d and 7				f	341,353
g Number of participants with this item)	th account balances as of the end of	the plan year (only	defined contribution plans comp	^{lete} g	
h Number of participants that 100% vested	at terminated employment during the	plan year with acc	rued benefits that were less than	h	
i If any participant(s) separa	ated from service with a deferred vent	sted benefit, enter t	he number of separated participa	ants į	4,976
· · · · · · · · · · · · · · · · · · ·	ne plan (complete 8a through 8c, as	applicable)			
a Pension benefits (chec Characteristics Codes (pri	ck this box if the plan provides pensi	on benefits and en	ter the applicable pension feature	codes from	the List of Plan
Characteristics Codes (pri	inted in the instructions)).		1A 1C 1E 1G 3H		
b Welfare benefits (chec Characteristics Codes (pri	ck this box if the plan provides welfar inted in the instructions)):	e benefits and ente		codes from t	he List of Plan
ga Plan funding arrangeme	nt (chack all that apply)	OL Plan har	nefit arrangement (check all that	annlu)	
(1) Insurance	in (check all that apply)	(1) [Insurance	арріу)	
(a) \square	insurance contracts	(2)	Section 412(i) insurance contra	acts	
(3) X Trust			Trust		
• •	s of the sponsor eck all applicable boxes and, where	(4) L	General assets of the sponsor	nc)	
a Pension Benefit Schedu	• • • • • • • • • • • • • • • • • • • •		Schedules	ліъ.)	
~ -	nt Plan Information)	~ (1) 🔀	H (Financial Information)		
(-)	Pension Plan Coverage Information	· '-' —	(Financial Information S	mall Plan)	
	ot attached because the plan is testing information for a prior	(3) (4) X	A (Insurance Information)C (Service Provider Informat	ion)	
year, enter the year	·	(5) 🔀	D (DFE/Participating Plan In	formation)	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Information)	(6) <u> </u>	G (Financial Transaction Sch	,	
` / 	nual Information) d Vested participant Information)	(7) 🔀	1 P (Trust Fiduciary Informatio	11)	
SCHEDULE B	Actua	rial Informat	ion		Official Use Only
(Form 5500)	This schedule is required to be file	ed under section 10	4 of the Employee Retirement	ON	Official Use Only //B No. 1210 - 0110
(Form 5500) Department of the Treasury Ir		ed under section 10 I to aas ERISA, exc 059(a) of the Intern	4 of the Employee Retirement cept when attached to Form 5500	ON -	
(Form 5500) Department of the Treasury Ir	This schedule is required to be file neome Security Act of 1974, referred EZ and, in all cases, under section 6 Attach to Form	ed under section 10 I to aas ERISA, exc 059(a) of the Interr the Code. 5500 or 5500-EZ i	4 of the Employee Retirement tept when attached to Form 5500 tal Revenue Code, referred to as f applicable.	ON	MB No. 1210 - 0110 2005
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C Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation For the calendar plan year of the Caution: A penalty of \$1,000 A Name of plan IBM PERSONAL PENSI C Plan sponsor's name as sinternational Busi E Type of Plan: (1) Multiple Mul	This schedule is required to be file file formed Security Act of 1974, referred EZ and, in all cases, under section 6 Attach to Form See set 2005 or fiscal plan year beginning inter "N/A." Round off amounts of will be assessed for late filing of this shown on line 2a of Form 5500 or 55 incess Machines Corporation implying the file file forms in the file file file forms and the file file file file file file file fil	ad under section 10 to aas ERISA, exc 1059(a) of the Interr the Code. 5500 or 5500-EZ i eparate instruction January 01, 20 to nearest dollar. Is report unless reast to 100-EZ (3) Multiple-em 15) Multiple-em 15) Multiple-em 15)	4 of the Employee Retirement tept when attached to Form 5500 and Revenue Code, referred to as a fapplicable. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	This For Insperant Inspera	2005 perm is Open to Public exterior (except when ed to Form 5500-EZ) igit 001 per Identification r. 71985 per rewer participants plan year \$45,494,016,646 \$42,210,700,806 \$35,814,013,029
(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation For the calendar plan year of an item does not apply, e Caution: A penalty of \$1,000 A Name of plan IBM PERSONAL PENSI C Plan sponsor's name as some supply of Plans (1) Multiple Multip	This schedule is required to be file file formed Security Act of 1974, referred EZ and, in all cases, under section 6 Attach to Form See set of See	ad under section 10 I to aas ERISA, exc i059(a) of the Interr the Code. 5500 or 5500-EZ i eparate instruction January 01, 20 to nearest dollar. s report unless reas 00-EZ (3) Multiple-em is) mg): id on the accompanyi sents my best estimat hable (taking into acco lid be determined if et	4 of the Employee Retirement tept when attached to Form 5500 all Revenue Code, referred to as a fapplicable. 1005, and ending December 31 sonable cause is established. 1015 and ending December 31 sonable cause is established. 1016 and ending December 31 sonable cause is established.	This Fo Inspectation B Three do plan Plan Plan Plan B Three do plan Plan Plan B Three do plan	2005 perm is Open to Public exterior (except when ed to Form 5500-EZ) igit 001 per Identification r. 71985 or fewer participants plan year \$45,494,016,646 \$42,210,700,806 \$35,814,013,029

Signature of actuary

Date

DAVID M. SPEIER

Filed 09/20/2007-258-Page 3 of 14

Firm Name

Telephone number (including area code)

901 N. GLEBE ROAD ARLINGTON, VA 22203-

	Address of the Firm ne actuary has not fully reflected any regulation or ruling promulgated under the statute	e in completing	this schedule,	
	eck the box and see instructions Information on current liabilities of the plan: (1) Amount excluded from current liability attributable to pre-participation service (see	e instructions)	d(1)	
	(2) "RPA '94" information:	,	d(1)	
	(a) Current liability		d(2)(a)	\$41,468,733,008
	(b) Expected increase in current liability due to benefits accruing during the plan ye	ear	d(2)(b)	\$939,316,318
	(c) Current liability computed at highest allowable interest rate (see instructions)		d(2)(c)	\$41,468,733,008
	(d) Expected release from "RPA '94" current liability for the plan year (3) "OBRA '87" information:		d(2)(d)	
	(a) Current liability		d(3)(a)	
	(b) Expected increase in current liability due to benefits accruing during the plan year	ear	d(3)(b)	
	(c) Expected release from "OBRA '87" current liability for the plan year		d(3)(c)	
	(4) Expected plan disbursements for the plan year		d(4)	\$2,973,824,814
2	Operational information as of beginning of this plan year:			
	Current value of the assets (see instructions)		2a	\$45,494,016,646
b	"RPA '94" current liability: (1) (1) For retired participants and beneficiaries receiving payments	No. of Persons 123,124	(2) Vested Benefits \$25,444,812,755	(3) Total benefits \$25,444,812,755
	(2) For terminated vested participants	93,669	\$4,375,222,102	\$4,375,222,102
	(3) For active participants	127,431		\$11,648,698,151
	(4) Total	344,224		
С	If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than		<i>433,303,101,303</i>	\$11,100,733,000
•	enter such percentage	7070,	2c	ક
3 (Contributions made to the plan for the plan year by employer(s) and employees:			
М	(b) (c) (b) (a) Amount paid by Amount paid by (a) Amount paid oDay-Year employer employees MoDay-Year employe		(c) Amount p employ	paid by
0	1/19/2005 \$1,700,000,000			
	3 Totals (b) \$1,700,000 Quarterly contributions and liquidity shortfall(s):	(-)		
а	Plans other than multiemployer plans, enter funded current liability percentage for preyear (see instructions)	eceding 4a	105.	6%
b	If line 4a is less than 100%, see instructions, and complete the following table as app Liquidity shortfall as of end of Quarter of			
	(1) 1st (2) 2nd			(4) 4th
a d g i	Actuarial cost method used as the basis for this plan year's funding standard account of Attained age normal b Entry age normal c Accrued benefit (and Aggregate e Individual aggregate h Other (specify) Has a change been made in funding method for this plan year? If line i is "Yes," was the chage made pursuant to Revenue Procedure 95-51 as modiful is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) Checklist of certain actuarial assumptions:	computation: (unit credit) remium		Yes No Yes No
а	Interest rates for:			_
	(1) "RPA '94" current liablility		a(1)	6.10% N//
	(2) "ORBA '87" current liablility		a(2)	%
b	Weighted average retirement age		6b Pre-Retirement Po	62
c d	Rates specified in insurance or annuity contracts N/A Mortality table code for valuation purposes:	6c	Yes No	Yes No N/
	(1) Males	d(1)	9	9
	(2) Females	d(2)	9	9
е	Valuation liability interest rate N/A	6e	8.00%	8.00% N//
f	Expense loading N/A	6f	23.4%	0.0% N//
	Appual withdrawal rates		Male	Female
g	Annual withdrawal rates: (1) Age 25	g(1)	16.08%	16.08%
	(1) Age 23 (2) Age 40	g(1) g(2)	10.000	20.000

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h		_	Sh 4.00%		4.00%	□ N
i	Estimated investment return on actuarial value of assets for the year			6i	7.9%	
i	Estimated investment return on current value of assets for the year er	_		6j	14.7%	
7	New amortization bases established in the current plan year:	3		٠,		
	(1) <u>Type of Base</u> (2) Initial Balance (3) Amortization Charge/Cr	edit				
		_				
		_				
		_				
		_				
		_				
		_				
	Miscellaneous information:		and for this plan was a		-4 6 4b	المعاملات
а	If a waiver of a funding deficiency or an extension of an amortization per granting the approval	eriod nas been approv	ed for this plan year, e	enter tne a	ate of the ru	ling letter
h	If one or more <u>alternative methods or rules</u> (as listed in the instructions) were used for this p	anyear, enter the appr	opriate co	de in accord	lance with
~	the instructions	,				
С	Is the plan required to provide a Schedule of Active Participant Data? I	f "Yes," attach schedu	ıle. (see instructions)	X Yes	No	
9	Funding standard account statement for this plan year:					
	Charges to funding standard account:					
а	Prior year funding deficiency, if any		9(a)			
b	Employer's normal cost for plan year as of valuation date		9(b)	\$624,	848,843	
С	•	Outstanding Bala				
	(1) All bases except funding waivers	(\$)	c(1)			
	(2) Funding waivers	(\$)	c(2)			
d	Interest as applicable on lines 9a, 9b, and 9c		9d	\$49,	987,907	
е	Additional interest charge due to late quarterly contributions, if applica	ble	9e			
f	Additional funding charge from Part II, line 12u, if applicable N/A		9f		0	
g	Total charges. Add lines 9a through 9f		9g	\$674,	836,750	
	Credits to funding standard account:					
h			9h		,951,991	
i	Employer contributions. Total from column (b) of line 3		9i	\$1,700	,000,001	
	A montimation and disc on of volvation data	Outstanding Bala				
J	Amortization credits as of valuation date	(\$)	9j	4605	116 150	
K	Interest as applicable to end of plan year on lines 9h, 9i, 9j		9k	\$605,	116,159	
'	Full funding limitation (FFL) and credits (1) ERISA EEL (accrued liability EEL)	I(1) \$191,282,3	101			
	(1) ERISA FFL (accrued liability FFL) (2) "OBRA '87" FFL (155% current liability FFL)	I(1) \$151,202,1 I(2)				
	(3) "RPA '94" override (90% current liability FFL)	I(3)				
	(4) FFL credit before reflecting "OBRA '87" FFL	.(0)	I(4)	\$483,	554,649	
	(5) Additional credit due to "OBRA '87" FFL		I(5)			
m	(1) Waived funding deficiency		m(1)			
	(2) Other credits		m(2)			
n	Total credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1), and 9m(2)		9n	¢8 737	,622,800	
"					,786,050	
U	Credit balance: If line 9n is greater than line 9g, enter the difference Funding deficiency: If line 9g is greater than line 9n, enter the		90	Ģ0,002	, 700,030	
p	difference		9р			
~	Reconciliation account:					
4	Current year's accumulated reconciliation account: (1) Due to additional funding charges as of the beginning of the plan	q(1)				
	(2) Due to additional interest charges as of the beginning of the plan	q(1)				
	year (3) Due to waived funding deficiencies:	4(1)				
	(a) Reconciliation outstanding balance as of valuation date	q(1)				
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(1)				
	(4) Total as of valuation date		q(4)			
10	Contribution necessary to avoid an accumulated funding deficiency. E	nter the amount in line				
	or the amount required under the alternative funding standard account	* *	10	_		
11	Has a change been made in the actuarial assumptions for the current	plan year? If "Yes," se	ee instructions 🔀 Yes	No No		
D	art II Additional Information for Certain Plans Other	r Than Multiams	over Plane			
	art II Additional Information for Certain Plans Other	i i iaii wiuitieiiipi	Oyel Flalls			

12 Additional required funding charge (see instructions):
 a Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.
 If line 12a is at least 90%, go to line 12u and enter -0-.
 If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to

line 12u and enter -0- Otherwise, go to line 12b Case 1:07-cv-06984-JSR Doc "RPA'94" current liability. Enter line 1d(2)(a)	ument 15-12	Filed 09/20/200	7 12page 5 of 14
c Adjusted value of assets (see instructions)			12c
d Funded current liability percentage. Divide line 12c by	12b and multiply by 100		12d %
e Unfunded current liability. Subtract line 12c from line 1	12b		12e
f Liabiity attributable to any unpredictable contingent ev	vent benefit		12f
Q Outstanding balance of unfunded old liability			12g
Unfunded new liability. Subtract the total of lines 12f a	and 12a from line 12e. Enter	-0- if	J
h negative.	129	•	12h
i Unfunded new liability amount (% of line 12h)			12i
j Unfunded old liability amount			12j
k Deficit reduction contribution. Add lines 12i, 12j, and 1	d(2)(b)		12k
Net charges in funding standard account used to offse	et the deficit reduction contrib	oution.	121
Enter a negative number if less than zero			
m Unpredictable contingent event amount:			12m
(1) Benefits paid during year attributable to unpredicta	=	m(1) ⁰	
(2) Unfunded current liability percentage. Subtract the 100%	percentage on line 12d fron	^າ m(2)	
(3) Enter the product of lines 12m(1), 12m(2), and 12r	m(3)	m(4)	
(4) Amortization of all unpredictable contingent event		m(5)	
	nabilitioo	1.1	
(5)"RPA '94" additional amount (see instructions)	(5)	m(6)	(7)
(6)Enter the greatest of lines 12m(3), 12m(4), or 12m((5)		m(7)
Preliminary Calculation Preliminary additional funding charge: Enter the excess	ss of line 12k over line 12l (if	anv).	
plus line 12m(6), adjusted to end of year with interest		α,,,	12n
 Contributions needed to increase current liability percent 	entage to 100% (see instruc	tions)	120
p Additional funding charge prior to adjustment: Enter the	ne lesser of line 12n or 12o		12t
q Adjusted additional funding charge. (.0% of line 12	2p)		12u
For Paperwork Reduction Act Notice and OMB Control		ctions for Form 5500 or	v2.3Schedule B (Form 5500)
5500EŽ.			2005
SCHEDULE C S	Service Provider Inf	formation	Official Use Only
(Form 5500)	ervice Frovider IIII	omation	OMB No. 1210 - 0110
Department of the Treasury This scher	dule is required to be filed ur		2005
Department of Labor	oyee Retirement Income Se	curity Act of 1974.	This Form is Open to
Pension and Welfare Benefits Administration	File as an attachment to I		Public Inspection
	rile as an attachment to i	-orm 5500.	
Pension Benefit Guaranty Corporation	rile as all attachment to i	-orm 5500.	
			1, 2005
Pension Benefit Guaranty Corporation For the calendar plan year 2005 or fiscal plan year beg A Name of plan			1, 2005 B Three digit
Pension Benefit Guaranty Corporation For the calendar plan year 2005 or fiscal plan year beg A Name of plan IBM PERSONAL PENSION PLAN	ginning January 01, 200		B Three digit plan number 001
Pension Benefit Guaranty Corporation For the calendar plan year 2005 or fiscal plan year beg A Name of plan IBM PERSONAL PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 550	ginning January 01, 200		1, 2005 B Three digit
Pension Benefit Guaranty Corporation For the calendar plan year 2005 or fiscal plan year beg A Name of plan IBM PERSONAL PENSION PLAN	ginning January 01, 200		B Three digit plan number 001 D Employer Identification
Pension Benefit Guaranty Corporation For the calendar plan year 2005 or fiscal plan year beg A Name of plan IBM PERSONAL PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 550	ginning January 01, 200		B Three digit plan number 001 D Employer Identification Number
Pension Benefit Guaranty Corporation For the calendar plan year 2005 or fiscal plan year beg A Name of plan IBM PERSONAL PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 550 INTERNATIONAL BUSINESS MACHINES CORPORAT	ginning January 01, 200	5 and ending December 3.	D Employer Identification Number 13-0871985
Pension Benefit Guaranty Corporation For the calendar plan year 2005 or fiscal plan year beg A Name of plan IBM PERSONAL PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 550 INTERNATIONAL BUSINESS MACHINES CORPORAT Part I Service Provider Information (see 1 Enter the total dollar amount of compensation paid by received compensation during the plan year:	ginning January 01, 200 00 CION instructions) the plan to all persons, other	5 and ending December 3.	D Employer Identification Number 13-0871985
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Pension Benefit Guaranty Corporation For the calendar plan year 2005 or fiscal plan year beg A Name of plan IBM PERSONAL PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 550 INTERNATIONAL BUSINESS MACHINES CORPORAT Part I Service Provider Information (see 1 Enter the total dollar amount of compensation paid by received compensation during the plan year:	ginning January 01, 200 00 PION instructions) the plan to all persons, other	5 and ending December 3.5 than those listed below, who ctions. On the other items, list	D Employer Identification Number 13-0871985 1 \$486,262 t service providers in descending
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Pension Benefit Guaranty Corporation For the calendar plan year 2005 or fiscal plan year beg A Name of plan IBM PERSONAL PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 550 INTERNATIONAL BUSINESS MACHINES CORPORAT Part I Service Provider Information (see 1 Enter the total dollar amount of compensation paid by the received compensation during the plan year: 2 On the first item below list the contract administrator, if order of the compensation they received for the service.	ginning January 01, 200 00 FION instructions) the plan to all persons, other any, as defined in the instru	than those listed below, who ctions. On the other items, lis year. List only the top 40. 103 cation	D Employer Identification Number 13-0871985 1 \$486,262 t service providers in descending
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Pension Benefit Guaranty Corporation For the calendar plan year 2005 or fiscal plan year beg A Name of plan IBM PERSONAL PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 550 INTERNATIONAL BUSINESS MACHINES CORPORAT Part I Service Provider Information (see 1 Enter the total dollar amount of compensation paid by the received compensation during the plan year: 2 On the first item below list the contract administrator, if order of the compensation they received for the service columns (c) and (d). (a) Name FIDELITY BENEFIT ADMINISTRATION	ginning January 01, 200 DO D	than those listed below, who ctions. On the other items, list year. List only the top 40. 103 cation (c) (c) (f) Fees and commission	D Employer Identification Number 13-0871985 1 \$486,262 t service providers in descending 12 IEs should enter N/A in Official plan position
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Pension Benefit Guaranty Corporation For the calendar plan year 2005 or fiscal plan year beg A Name of plan IBM PERSONAL PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 550 INTERNATIONAL BUSINESS MACHINES CORPORAT Part I Service Provider Information (see 1 Enter the total dollar amount of compensation paid by received compensation during the plan year: 2 On the first item below list the contract administrator, if order of the compensation they received for the service columns (c) and (d). (a) Name FIDELITY BENEFIT ADMINISTRATION (d) Relationship to employer, employee organization, or	ginning January 01, 200 instructions) the plan to all persons, other any, as defined in the instructions of the plan to all persons of the plan to all pers	than those listed below, who ctions. On the other items, list year. List only the top 40. 103 cation (c) (c) (f) Fees and commission	D Employer Identification Number 13-0871985 1 \$486,262 t service providers in descending 12 IEs should enter N/A in Official plan position OMINISTRATION Ins. (g) Nature of service code(s)
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Case 1:07-cv-06984-JSR Docu	ment 15-12 Fi (b) Employer identification number (see instructions		Page 6 of 14
BRIDGEWATER	13-2871809		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$7,267,039	<u>21</u>
(a) Name	(b) Employer identification number (see instructions		ial plan position
ALLIANCE BERNSTEIN	13-4132953	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$6,416,416	<u>21</u>
(a) Name	(b) Employer identification number (see instructions		ial plan position
BANK OF AMERICA	94-3273703	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$5,176,260	<u>21</u>
(a) Name	(b) Employer identification number (see instructions		ial plan position
PIMCO	95-2632339	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <u>service code(s)</u> (see instructions)
		\$5,088,716	
		,,,,,,,,	<u>21</u>
(a) Name	(b) Employer identification number (see instructions	on (c) Offic	21 ial plan position
(a) Name WAMCO		on (c) Office	
,,	number (see instructions	on (c) Office	ial plan position
WAMCO (d) Relationship to employer, employee organization, or	number (see instructions 95-2705767 (e) Gross salary or	on (c) Office INVE (f) Fees and commissions	ial plan position STMENT MGR (g) Nature of service code(s)
WAMCO (d) Relationship to employer, employee organization, or	number (see instructions 95-2705767 (e) Gross salary or	(c) Office INVE (f) Fees and commissions paid by plan \$3,051,413	ial plan position STMENT MGR (g) Nature of service code(s) (see instructions)
wamco (d) Relationship to employer, employee organization, or person known to be a party-in-interest	95-2705767 (e) Gross salary or allowances paid by plan (b) Employer identification	(c) Office INVE (f) Fees and commissions paid by plan \$3,051,413	ial plan position STMENT MGR (g) Nature of service code(s) (see instructions)
wamco (d) Relationship to employer, employee organization, or person known to be a party-in-interest (a) Name	95-2705767 (e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions)	(c) Office INVE (f) Fees and commissions paid by plan \$3,051,413	ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21 ial plan position
WAMCO (d) Relationship to employer, employee organization, or person known to be a party-in-interest (a) Name BRANDES INVESTMENT (d) Relationship to employer, employee organization, or	95-2705767 (e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 33-0704072 (e) Gross salary or	(c) Office INVE (f) Fees and commissions paid by plan \$3,051,413 (c) Office INVE (f) Fees and commissions	ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21 ial plan position STMENT MGR (g) Nature of service code(s)
WAMCO (d) Relationship to employer, employee organization, or person known to be a party-in-interest (a) Name BRANDES INVESTMENT (d) Relationship to employer, employee organization, or	95-2705767 (e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 33-0704072 (e) Gross salary or	(f) Fees and commissions paid by plan \$3,051,413 (c) Office INVE (f) Fees and commissions paid by plan \$3,051,413 (c) Office (f) Fees and commissions paid by plan \$3,037,278	ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21 ial plan position STMENT MGR (g) Nature of service code(s) (see instructions)
(d) Relationship to employer, employee organization, or person known to be a party-in-interest (a) Name BRANDES INVESTMENT (d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 33-0704072 (e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions salary or allowances paid by plan	(f) Fees and commissions paid by plan \$3,051,413 (c) Office INVE (f) Fees and commissions paid by plan \$3,051,413 (c) Office INVE (f) Fees and commissions paid by plan \$3,037,278	ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21 ial plan position STMENT MGR (g) Nature of service code(s) (see instructions)
(d) Relationship to employer, employee organization, or person known to be a party-in-interest (a) Name BRANDES INVESTMENT (d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 33-0704072 (e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions salary or allowances paid by plan	(f) Fees and commissions paid by plan \$3,051,413 (c) Office INVE (f) Fees and commissions paid by plan \$3,051,413 (c) Office INVE (f) Fees and commissions paid by plan \$3,037,278	ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21 ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21
WAMCO (d) Relationship to employer, employee organization, or person known to be a party-in-interest (a) Name BRANDES INVESTMENT (d) Relationship to employer, employee organization, or person known to be a party-in-interest (a) Name COLONY (d) Relationship to employer, employee organization, or	(e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 33–0704072 (e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 95–4342775 (e) Gross salary or	(f) Fees and commissions paid by plan \$3,051,413 (g) Office INVE (f) Fees and commissions paid by plan \$3,051,413 (g) Office INVE (g) Fees and commissions paid by plan \$3,037,278 (g) Office INVES (f) Fees and commissions	ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21 ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21 ial plan position STMENT MGR. (g) Nature of service code(s)
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(d) Relationship to employer, employee organization, or person known to be a party-in-interest (a) Name BRANDES INVESTMENT (d) Relationship to employer, employee organization, or person known to be a party-in-interest (a) Name COLONY (d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 33-0704072 (e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 95-4342775 (e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 95-4342775	(f) Fees and commissions paid by plan \$3,051,413 (g) Office INVE (f) Fees and commissions paid by plan \$3,051,413 (g) Office INVE (f) Fees and commissions paid by plan \$3,037,278 (g) Office INVES (f) Fees and commissions paid by plan \$3,022,337 (g) Office (g) Office (h) Fees and commissions paid by plan \$3,022,337	ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21 ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21 ial plan position STMENT MGR. (g) Nature of service code(s) (see instructions)
(d) Relationship to employer, employee organization, or person known to be a party-in-interest (a) Name BRANDES INVESTMENT (d) Relationship to employer, employee organization, or person known to be a party-in-interest (a) Name COLONY (d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 33-0704072 (e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 95-4342775 (e) Gross salary or allowances paid by plan (b) Employer identification number (see instructions 95-4342775	(f) Fees and commissions paid by plan \$3,051,413 (g) Office INVE (f) Fees and commissions paid by plan \$3,051,413 (g) Office INVE (f) Fees and commissions paid by plan \$3,037,278 (g) Office INVES (f) Fees and commissions paid by plan \$3,022,337 (g) Office (g) Office (h) Fees and commissions paid by plan \$3,022,337	ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21 ial plan position STMENT MGR (g) Nature of service code(s) (see instructions) 21 ial plan position STMENT MGR. (g) Nature of service code(s) (see instructions) 21 ial plan position

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KOREIN TILLERY	37-0957010		LEGAL
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$2,989,492	22
(a) Name	(b) Employer identification number (see instructions		cial plan position
HILL & ROBBINS	84-1037986		LEGAL
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$2,989,492	22
(a) Name	(b) Employer identification number (see instructions		cial plan position
IBM INVESTMENT MANAGEMENT	13-0871985	INVES	STMENT MGMT
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$2,809,979	21
(a) Name	(b) Employer identification		cial plan position
JACOBS LEVY	22-2774695	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$2,742,032	<u>21</u>
(a) Name	(b) Employer identification number (see instructions		cial plan position
WATSON WYATT WORLDWIDE	53-018291	ADMI	NISTRATION
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$2,686,245	<u>13</u>
(a) Name	(b) Employer identification number (see instructions		cial plan position
WELLINGTON	04-2683227	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$2,586,335	21
(a) Name	(b) Employer identification number (see instructions		cial plan position
MORGAN STANLEY	13-2655998	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$2,374,429	<u>21</u>
(a) Name	(b) Employer identification number (see instructions		cial plan position
MARATHON		NON I	JS INV. MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

95-2642764 INVESTMENT MGR (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions (g) Nature of service code(s) allowances paid by plan person known to be a party-in-interest paid by plan (see instructions) \$2,282,675 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) TT INTERNATIONAL NON-US INVESTMENT MGR (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions (g) Nature of service code(s) person known to be a party-in-interest allowances paid by plan paid by plan (see instructions) \$2,246,837 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) GSAM 13-5108880 INVESTMENT MGR (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions (g) Nature of service code(s) person known to be a party-in-interest allowances paid by plan paid by plan (see instructions) \$2,111,873 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) HSBC 06-1548779 INVESTMENT MGR (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions (g) Nature of service code(s) person known to be a party-in-interest allowances paid by plan paid by plan (see instructions) \$1,969,619 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) AEW 04-3329433 INVESTMENT MGR (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions (g) Nature of service code(s) person known to be a party-in-interest allowances paid by plan paid by plan (see instructions) \$1,685,930 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) DODGE & COX 94-1441976 INVESTMENT MGR (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions (g) Nature of service code(s) allowances paid by plan person known to be a party-in-interest paid by plan (see instructions) \$1,665,343 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) TIMES SQUARE 06-0861092 INVESTMENT MGR (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions (g) Nature of service code(s) allowances paid by plan person known to be a party-in-interest paid by plan (see instructions) \$1,460,351 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) OAKTREE CAPITAL 95-4521152 INVESTMENT MGR (e) Gross salary or (f) Fees and commissions (d) Relationship to employer, employee organization, or (g) Nature of service code(s) allowances paid by plan person known to be a party-in-interest paid by plan (see instructions) \$1,270,817 21

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INVESTMENT MGR

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <u>service code(s)</u> (see instructions)
		\$1,245,646	21
(a) Name	(b) Employer identification		cial plan position
K. G. REDDING	36-4408402	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <u>service code(s)</u> (see instructions)
		\$1,233,340	<u>21</u>
(a) Name	(b) Employer identification number (see instruction		cial plan position
WESTBROOK	13-3789438	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <u>service code(s)</u> (see instructions)
		\$1,232,133	<u>21</u>
(a) Name	(b) Employer identification number (see instruction		cial plan position
JPMORGAN INVESTMENT MANAGEMENT	13-4994650	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <u>service code(s)</u> (see instructions)
		\$1,229,412	<u>21</u>
(a) Name	(b) Employer identification number (see instruction		cial plan position
BANK OF NY	13-6195557	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <u>service code(s)</u> (see instructions)
		\$1,187,500	<u>21</u>
(a) Name	(b) Employer identification	(C) CIIIC	cial plan position
ARBOR	41-1861772	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <u>service code(s)</u> (see instructions)
		\$1,107,936	<u>21</u>
(a) Name	(b) Employer identification		cial plan position
ADELANTE CAPITAL MANAGEMENT	94-3219135	INVE	STMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <u>service code(s)</u> (see instructions)
		\$1,093,324	<u>21</u>
(a) Name	(b) Employer identification		cial plan position
PARETO PARTNERS		NON	US INV MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <u>service code(s)</u> (see instructions)
		\$1,077,046	<u>21</u>

(b) Employer identification number (see instructions)

(a) Name

(c) Official plan position

Case 1:07-cv-06984-JSR Document 15:1236803 Filed 09/20/2007 Page 10 of 14 (f) Fees and commissions (d) Relationship to employer, employee organization, or (e) Gross salary or (g) Nature of service code(s) person known to be a party-in-interest allowances paid by plan paid by plan (see instructions) \$1,052,871 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) MARTINGALE ASSET MANAGEMENT 04-2956583 INVESTMENT MGR (g) Nature of service code(s) (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions person known to be a party-in-interest allowances paid by plan paid by plan (see instructions) \$983,498 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) INVESCO 58-1707262 INVESTMENT MGR (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions (g) Nature of service code(s) person known to be a party-in-interest allowances paid by plan paid by plan (see instructions) \$954,671 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) STERLING JOHNSTON 94-3385233 INVESTMENT MGR (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions (g) Nature of service code(s) person known to be a party-in-interest allowances paid by plan paid by plan (see instructions) \$935,817 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) CSFB ASSET MANAGEMENT 02-0700261 INVESTMENT MGR (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions (g) Nature of service code(s) person known to be a party-in-interest allowances paid by plan paid by plan (see instructions) \$865,660 21 (b) Employer identification (a) Name (c) Official plan position number (see instructions) CONTRACT ADMINISTRATOR (d) Relationship to employer, employee organization, or (e) Gross salary or (f) Fees and commissions (g) Nature of service code(s) person known to be a party-in-interest allowances paid by plan paid by plan (see instructions) 12 Termination Information on Accountants and Enrolled Actuaries (see instructions) Part II (a) Name (b) EIN (c) Position (d) Address (e) Telephone No. Explanation For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 Schedule C (Form 5500) 2005 Official Use Only OMB No. 1210 - 0110 **SCHEDULE D** DFE/Participating Plan Information (Form 5500) Department of the Treasury This schedule is required to be filed under section 104 of the 2005 Internal Revenue Service Employee Retirement Income Security Act of 1974 (ERISA). This Form is Open to Department of Labor Public Inspection Pension and Welfare Benefits Administration File as an attachment to Form 5500. For the calendar plan year 2005 or fiscal plan year beginning January 01, 2005, and ending December 31, 2005 A Name of plan or DFE **B** Three-digit

0.01 IBM PERSONAL PENSION PLAN plan number C Plan sponsor's name as shown on line 2a of Form 5500 **D** Employer Identification INTERNATIONAL BUSINESS MACHINES CORPORATION Number

Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

- (a) Name of MTIA, CCT, PSA, or 103-12IE MGT FIXED INCOME PRIVATE FUND
- (b) Name of sponsor of entity listed in (a) MORGAN GUARANTY TRUST

Case 1:07-cv-06984-JSR Document 15-12 Filed 09/20/2007 Page 11 of 14 (c) EIN-PN 136038769001 (d) Entity Code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \$207,933,190 (a) Name of MTIA, CCT, PSA, or 103-12IE MORGAN STANLEY EMERGING MARKETS (b) Name of sponsor of entity listed in (a) MORGAN STANLEY (c) EIN-PN 043196694001 (d) Entity Code E (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \$201,288,085 (a) Name of MTIA, CCT, PSA, or 103-12IE RUSSELL ALPHA TILT (b) Name of sponsor of entity listed in (a) BARCLAYS GLOBAL INVESTOR (c) EIN-PN 943123057001 (d) Entity Code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \$136,092,522 (a) Name of MTIA, CCT, PSA, or 103-12IE $_{
m OCM}$ EUROPEAN HIGH YIELD FUND (b) Name of sponsor of entity listed in (a) OAKTREE CAPITAL MANAGEMENT (c) EIN-PN 954740200001 (d) Entity Code E (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \$47,337,913 Information on Participating Plans (to be completed by DFEs) (a) Plan Name (b) Name of plan sponsor (c) EIN-PN -For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 Schedule D (Form 5500) 2005 Official Use Only OMB No. 1210 - 0110 **SCHEDULE H Financial Information** (Form 5500) This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Department of the Treasury Internal Revenue Service 2005 Internal Revenue Code (the Code). Department of Labor This Form is Open to File as an attachment to Form 5500. Pension and Welfare Public Inspection Benefits Administration Pension Benefit **Guaranty Corporation** For the calendar plan year 2005 or fiscal plan year beginning January 01, 2005, and ending December 31, 2005 **B** Three digit A Name of plan 001 plan number IBM PERSONAL PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ D Employer Identification Number INTERNATIONAL BUSINESS MACHINES CORPORATION 13-0871985 Part I **Asset and Liability Statement** 1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines c(9) through c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions. (a) Beginning of Year (b) End of Year Assets \$2,844,864 \$6,327,778 **a** Total noninterest-bearing cash а **b** Receivables (less allowance for doubtful accounts): b(1) (1) Employer contributions (2) Participant contributions b(2) \$611,833,399 \$1,295,249,557 (3) Other b(3) c General investments: \$2,611,643,910 \$2,722,359,257 (1) Interest-bearing cash (incl. money market accounts and certificates of deposit) c(1) (2) U.S. Government securities c(2) \$6,165,792,415 \$9,351,432,597 (3) Corporate debt instruments (other than employer securities): **c(3)A** \$1,431,674,527 \$1,851,591,587 (A) Preferred (B) All other **c(3)B** \$1,888,499,395 \$2,081,731,990 (4) Corporate stocks (other than employer securities): (A) Preferred c(4)A \$77,937,297 \$118,230,400 **c(4)B** \$22,881,104,317 \$25,021,240,003 (B) Common \$4,724,795,478 \$4,761,021,426 (5) Partnership/joint venture interests c(5)

c(6)

(6) Real Estate (other than employer real property)

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(9) Value of interest in common/collective trusts	c(9)	\$361,746,524	\$344,025,712	
(10) Value of interest in pooled separate accounts	c(10)			
(11) Value of interest in master trust investment accounts	c(11)			
(12) Value of interest in 103-12 investment entities	c(12)	\$201,345,534	\$248,625,998	
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)	\$4,044,985,644	\$2,820,504,421	
(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)			
(15) Other	c(15)	\$8,811,025,902	\$11,358,118,443	
d Employer-related investments:				
(1) Employer securities	d(1)	\$1,379,329,704	\$138,994,446	
(2) Employer real property	d(2)			
e Buildings and other property used in plan operation	е			
f Total assets (add all amounts in lines 1a through 1e)	f	\$55,194,558,910	\$62,119,453,615	
Liabilities				
g Benefit claims payable	g			
h Operating payables	h	\$30,320,336	\$21,047,908	
i Acquisition indebtedness	i			
j Other liabilities	j	\$9,670,221,928	\$13,556,673,630	
k Total liabilities (add all amounts in lines 1g through 1j)	k	\$9,700,542,264	\$13,577,721,538	
Net Assets				
Net assets (subtract line 1k from line 1f)	1	\$45,494,016,646	\$48,541,732,077	
Part II Income and Expense Statement 2 Plan income, expenses, and changes in net assets for the year. Include all income a maintained fund(s) and any payments/receipts to/from insurance carriers. Round off 2b(1)(E), 2e, 2f, and 2g.		earest dollar. DFEs d	o not complete lines 2a,	
a Contributions		(a) Amount	(b) Total	
(1) Received or receivable in cash from: (A) Employers	a(1)(A)	\$1,700,000,001		
(B) Participants	a(1)(B)	,-,,,,,,,,,,,,,,		
(C) Others (including rollovers)	a(1)(C)			
(2) Noncash contributions	a(2)		41 F00 000 001	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		\$1,700,000,001	
b Earnings on investments: (1) Interest:				
(A) Interest-bearing cash (including money market accounts and certificates of de	posit) b(1)(A)	\$81,313,283		
(B) U.S. Government securities	b(1)(B)	\$279,428,485		
(C) Corporate debt instruments	b(1)(C)	\$219,440,557		
(D) Loans (other than to participants)	b(1)(D)			
(E) Participant loans	b(1)(E)			
(F) Other	b(1)(E)	\$49,678,112		
• •	. , ,	Q45,070,112	\$629,860,437	
(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	4T 022 022	\$029,000,437	
(2) Dividends (A) Preferred stock	b(2)(A)	\$7,833,032		
(B) Common stock	b(2)(B)	\$516,053,972	+500 005 004	
(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		\$523,887,004	
(3) Rents	b(3)			
(4) Net gain (loss) on sale of assests: (A) Aggregate proceeds	b(4)(A)	\$74,927,643,787		
(B) Aggregate carrying amount (see instructions)	b(4)(B)	\$72,571,735,590		
(C) Subtract line 2b(4)(B) from line 2b(4)(A)	b(4)(C)		\$2,355,908,197	
(5) Unrealized appreciation (depreciation) of assets: (A) Real Estate	b(5)(A)			
(B) Other	b(5)(B)	\$471,464,226		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)		\$471,464,226	
(6) Net investment gain (loss) from common/collective trusts	b(6)		\$11,480,179	
(7) Net investment gain (loss) from pooled separate accounts	b(7)			
(8) Net investment gain (loss) from master trust investment accounts	b(8)			
(9) Net investment gain (loss) from 103-12 investment entities	b(9)		\$56,481,524	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual f			\$312,186,015	
c Other Income	C			
d Total income. Add all income amounts in column (b) and enter total	d		\$6,061,267,583	
Expenses	-			
e Benefit payment and payments to provide benefits:				
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	\$2,895,968,063		
(2) To insurance carriers for the provision of benefits	e(2)			
(3) Other	e(3)			
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)		\$2,895,968,063	

Certain deemed distributed in the control of the co	tigns 4 partisipent loans (see instructions) 15-12	Filed 09/20/2	007	Page	13 of 14
i Administrative expenses	(1) Professional foos	i(1)	\$9,232,4	486	
(2) Contract administrate	• •	i(2)	ŲJ, 232,	100	
(3) Investment advisory		1.1	98,461,	900	
(4) Other	and management rees	` '	\$9,889,5		
• •	expenses Add lines 2:/4) through (4)	-(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		117,584,089
	expenses. Add lines 2i(1) through (4)	i(5) :			013,552,152
J Total expenses. Add all	Net Income and Reconciliation	J		Ş3	.013,332,132
k Net income (loss) (subtr		k		\$3	047,715,431
Transfers of assets	,,				
(1) To this plan		l(1)			
(2) From this plan		l(2)			
3 The opinion of an indeperal Attached to this Form 5 b Not attached because: (1) the Form 5500 is (2) the opinion will be c Check this box if the acc d if an accountant's opinion PRICEWATERHOUSECC Part IV Transacti 4 CCTs and PSAs do not complete 4j. During the plan year: a Did the employer fail to	filed for a CCT, PSA, or MTIA e attached to the next Form 5500 pursuant to 29 CFR 20 countant performed a limited scope audit pursuant to 29 n is attached, enter the name and EIN of the accountant OPERS 13-4008324 CONSTRUCTOR PIAN YEAR COMPLETE PART IV. MTIAS, 103-12 IES, and GIAS do not contrain to the plan any participant contributions within t	alified (3) Disclaimer (4) 520.104-50 CFR 2520.103-8 and/or 2 t (or accounting firm) complete 4a, 4e, 4f, 4g, 4h	520.103-1 , 4k, or 5.	2(d)	Amount
b Were any loans by the por classified during the ybalance. (Attach Scheducture any leases to whice (Attach Schedule G (Formatter))	10.3-102? (see instructions) lan or fixed income obligations due the plan in default a rear as uncollectible? Disregard participant loans secure alle G (Form 5500) Part I if "Yes" is checked) the plan was a party in default or classified during the m 5500) Part II if "Yes" is checked) into nonexempt transaction with any party-in-interest? (A checked)	ed by participant's account year as uncollectible?	a L b C c L	Yes X No	,
e Was this plan covered b	•		e 🛚	Yes No	\$80,000,000
	, whether or not reimbursed by the plan's fidelity bond, t	hat was caused by fraud o	or f □	Yes X No)
dishonesty? Did the plan hold any as	sets whose current value was neither readily determina	ble on an established			
market nor set by an ind	ependent third party appraiser?		9 ∟	_Yes <mark>X</mark> No	1
established market nor s	noncash contributions whose value was neither readily set by an independent third party appraiser? sheld for investment? (Attach schedule(s) of assets if "		h [Yes X No)
instructions for format re	quirements)		i X	Yes No)
	ons or series of transactions in excess of 5% of the curro sactions if "Yes" is checked, and see instructions for for		j 🔀	Yes No)
k Were all the plan assets	either distributed to participants or beneficiaries, transfe		kГ	Yes X No	•
brought under the contro	of the PBGC?		` _] . 00 [
reverted to the employe 5b If, during this plan year.	ninate the plan been adopted during the plan year or an er this year Yes No Amount any assets or liabilities were transferred from this plan				
were transferred. (See 5b(1) Name of plan(s	,	5b(2) EIN(s)	5	b(3) PN(s)	
3b(1) Name of plants)	30(2) LIN(3)	3	D(3) 1 N(3)	
For Paperwork Reduction 5500. v2.3	Act Notice and OMB Control Numbers, see the inst			Sched	ule H (Form 5500) 2005
	Annual Return of F				
Schedule P	of Employee Benef		\ f=		ficial Use Only No. 1210 - 0110
(Form 5500)	This schedule may be filed to satisfy the requirement annual information return from every section 4010				2005
Department of the Treasury Internal Revenue Service	section 501(a). Filing this form will start the running of the statu	ite of limitations under sec	tion	This	orm is Open to
	6501(a) for any trust described in section 401(a) that is			Duk	lic Inspection

File as an Attachment to Form 5500 or 5500-EZ.

For the calendar plan year 2005 or fiscal plan year beginning and ending

- 1a Name of trustee or custodian JP MORGAN CHASE BANK
- b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)
 3 CHASE METROTECH CENTER 5TH FL
- C City or town, state, and ZIP code BROOKLYN, NY 11245-0001
- 2a Name of trust IBM PERSONAL PENSION PLAN TRUST
- **b** Trust's employer identification number 13-6353801
- 3 Name of plan if different from name of trust
- 4 Have you furnished the participating employee benefit plan(s) with the trust financial information required

to be reported by the plan(s)?	os 🗔 No
to be reported by the plan(s)? Case 1:07-cv-06984-JSR Document 15-12 Filed 09/20/2 7 5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ 13-0871985	es Page 14 of 14
Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belie	f it is true, correct, and complete.
Signature of fiduciary Date April 12, 2006	
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ v2.3 Schedule P Fo	orm 5500 (2005)
Schedule R	
(Form 5500) Retirement Plan Information	Official Use Only OMB No. 1210 - 0110
Internal Revenue Service This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the	2005
Pension and Welfare Benefits Administration Internal Revenue Code (the Code). File as an Attachment to Form 5500.	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	
For the calendar plan year 2005 or fiscal plan year beginning January 01, 2005 and ending December 33	L, 2005
A Name of plan	Three-digit
IBM PERSONAL PENSION PLAN	plan number
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ) Employer Identification Number
INTERNATIONAL BUSINESS MACHINES CORPORATION	13-0871985
Part I Distributions	
All references to distributions relate only to payments of benefits during the plan year. 1 Total value of distributions paid in property other than in cash, annuity contracts, or publicly traded employer securities	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits).	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	
19,394	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 4 Revenue Code or ERISA section 302, skip this Part)	412 of the Internal
4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)?	Yes X No N/A
If the plan is a defined benefit plan, go to line 7. If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction letter granting the waiver.	

6 a Enter the minimum required contribution for this plan year 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)

If you completed line 6c, do not complete the remainder of this schedule

Yes No No N/A

If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change, does the plan sponsor or plan administrator agree with the change? Part III Amendments If this is a defined benefit pension plan, were any amendments adopted during this plan year that

increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check

the "No" box. (see instructions) Part IV Coverage (See instructions.) ☐ Increase ☐ Decrease ☐ No

9 Check the box for the test this plan used to satisfy the coverage requirements

x the ratio percentage test average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v8.2 Schedule R (Form 5500) 2005

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